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## BIB DATA SHEET

CONFIRMATION NO. 9068

<b>SERIAL NUMBER</b> 10/087,449	<b>FILING or 371(c) DATE</b> 02/28/2002 <b>RULE</b>	<b>CLASS</b> 700	<b>GROUP ART UNIT</b> 2121	<b>ATTORNEY DOCKET NO.</b> 4176.25US01	
<b>APPLICANTS</b> Michael L. Blomquist, Andover, MN; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 04/03/2002					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and /JENNIFER L NORTON/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance /JLN/ Initials	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWINGS</b> 32	<b>TOTAL CLAIMS</b> <del>25</del> 29	<b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> PATTERSON THUENTE CHRISTENSEN PEDERSEN, P.A. 4800 IDS CENTER 80 SOUTH 8TH STREET MINNEAPOLIS, MN 55402-2100 UNITED STATES					
<b>TITLE</b> Programmable medical infusion pump					
<b>FILING FEE RECEIVED</b> 1336	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		